

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-675)

SERIAL NO. **09/890836** FILING DATE  
APPLICANT(S)

CLAIMS

·	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	3		1			
6	3		1			
7	3		1			
8	3		1			
9	3		1			
10	3		1			
11	3		1			
12	3		1			
13	3		1			
14	1	1	1			
15	1	1	1			
16	1	1	1			
17	1	1	1			
18	1	1	1			
19	1	1	1			
20	1	1	1			
21	1	1	1			
22	2	2	1			
23	2	2	1			
24	2	2	1			
25	1	1	1			
26	1	1	1			
27	1	1	1			
28	1	1	1			
29	1	1	1			
30	1	1	1			
31	1	1	1			
32	4	1	1			
33	4	1	1			
34	1	1	1			
35	1	1	1			
36	1	1	1			
37	1	1	1			
38	1	1	1			
39	1	1	1			
40	1	1	1			
41	5	1	1			
42	5	1	1			
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8		8		1	
TOTAL DEP.	66	8	36	15	10	
TOTAL CLAIMS	74	8	44	16	16	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								1
52								1
53								1
54								1
55								1
56								1
57								1
58								1
59								1
60								1
61								1
62								1
63								1
64								1
65								1
66								1
67								1
68								1
69								1
70								1
71								1
72								1
73								1
74								1
75								1
76								1
77								1
78								1
79								1
80								1
81								1
82								1
83								1
84								1
85								1
86								1
87								1
88								1
89								1
90								1
91								1
92								1
93								1
94								1
95								1
96								1
97								1
98								1
99								1
100								1
TOTAL IND.								1
TOTAL DEP.								1
TOTAL CLAIMS								1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY